

# ZONING PERMIT APPLICATION

Application and required additional information with \$20 zoning fee must be delivered to the Columbia Township Hall, Attention: Zoning Administrator  
53053 CR 388, Grand Junction  
P.O. Box 323, Grand Junction 49056-0323  
Facsimile: (269) 434-6916

## Required Information:

Property Address: \_\_\_\_\_

Property Tax No.: 80-06- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Map No.: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Applicant (if other than owner): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Proposed Use of the structure: \_\_\_\_\_

If the propose use is a dwelling, number of bedrooms \_\_\_\_\_

Estimated Cost of construction: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ date: \_\_\_\_\_

**Site Plan: (please read carefully).** Use a separate sheet of paper, to draw a diagram showing all of the following items:

1. Dimensions of the lot (all sides) and acreage
2. Location, distance to lot lines, of all existing & proposed structures
3. Dimensions of all existing & proposed structures & floor areas
4. Distance between proposed structure & all existing structures
5. Location of roads bordering the property, including center line and easement or right-of-way line
6. Location of power & gas lines on the property, with easement widths (if any)
7. Location of lakes, streams, county drains or wetlands within 500 feet of the property
8. Location of any easements on the property
9. A North arrow indicating the direction of north

Do Not Write Below This Line

Zoning District \_\_\_\_\_

### Required setbacks

Front \_\_\_\_\_ Rear \_\_\_\_\_ Side right \_\_\_\_\_ Side left \_\_\_\_\_ Between buildings \_\_\_\_\_

Minimum lot width \_\_\_\_\_ Minimum lot area \_\_\_\_\_ Maximum lot cover \_\_\_\_\_

Minimum/Maximum building size \_\_\_\_\_

Is the lot conforming? \_\_\_\_\_ Has Variance been granted? \_\_\_\_\_

Approval \_\_\_\_\_ Denial \_\_\_\_\_ Reason Denied \_\_\_\_\_

Conditions \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator

# APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

\$20

COLUMBIA TOWNSHIP  
53053 CR 388-PO BOX 323  
GRAND JUNCTION, MI 49056

PHONE: 269-434-6227  
FAX: 269-434-6916

**PARCEL # 80-06** \_\_\_\_\_ # \_\_\_\_\_

AUTHORITY: P.A. 230 OF 1972, AS AMENDED  
COMPLETION: MANDATORY TO OBTAIN PERMIT  
PENALTY: PERMIT WILL NOT BE ISSUED

THE DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES WILL NOT DISCRIMINATE AGAINST ANY INDIVIDUAL OR GROUP BECAUSE OF RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN, COLOR, MARITAL STATUS, HANDICAP, OR POLITICAL BELIEFS.

**APPLICANT TO COMPLETE ALL ITEMS IN SECTION I, II, III, IV, V AND VI  
NOTE: SEPARATE APPLICATIONS MUST BE MADE TO THE APPROPRIATE DIVISION  
FOR PLUMBING, MECHANICAL, AND ELECTRICAL WORK PERMITS**

<b>I. PROJECT INFORMATION</b>				
PROJECT NAME			ADDRESS	
CITY	VILLAGE	TOWNSHIP	COUNTY	ZIP CODE
BETWEEN		AND		
<b>II. IDENTIFICATION</b>				
<b>A. OWNER OR LESSEE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
<b>B. ARCHITECT OR ENGINEER</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
LICENSE NUMBER		EXPIRATION DATE		
<b>C. CONTRACTOR</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
BUILDERS LICENSE NUMBER		EXPIRATION DATE		
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION				
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION				
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION				
<b>III. TYPE OF IMPROVEMENT AND PLAN REVIEW</b>				
<b>A. TYPE OF IMPROVEMENT</b>				
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> MOBILE HOME SET UP	<input type="checkbox"/> PREMANUFACTURE	<input type="checkbox"/> SPECIAL INSPECTION
		<input type="checkbox"/> BOCA	<input type="checkbox"/> HUD	



**SITE OR PLOT PLAN FOR APPLICANT USE  
DRAW TO SCALE**

The following must be shown below.

- 1-Property lines of parcel.
- 2-Measurements of parcel.
- 3-Roads or easements.
- 4-Existing structures on property.
- 5-New structure on property.
- 6-Measurements of all structures, new & existing.
- 7-Front, rear, and side setbacks of all structures.



**Applicant is responsible for the payment of all fees and charges applicable to this application and must provide the following information.**

NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

FEDERAL I.D. NUMBER/SOCIAL SECURITY NUMBER \_\_\_\_\_

**I HEREBY CERTIFY THAT THE OWNER OF RECORD AUTHORIZES THE PROPOSED WORK AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Section 23a of the state construction code act of 1972, Act No 230 of the Public Acts of 1972, being section 126.1623a of the Michigan Compiled Laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines.

SIGNATURE OF APPLICANT \_\_\_\_\_

PLAN REVIEW FEE ENCLOSED \$ _____	NOTIFICATION TO COLUMBIA TOWNSHIP IS REQUIRED WHEN WORK IS COMPLETED.
BUILDING PERMIT FEE ENCLOSED \$ _____	OR STATE ACCOUNT NUMBER _____

**VII. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION**

**ENVIRONMENTAL CONTROL APPROVALS**

	REQUIRED?	APPROVED	DATE	NUMBER	BY
A - ZONING	<input type="checkbox"/> YES <input type="checkbox"/> NO				
B - FIRE DISTRICT	<input type="checkbox"/> YES <input type="checkbox"/> NO				
C - POLLUTION CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
D - NOISE CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO				
E - SOIL EROSION	<input type="checkbox"/> YES <input type="checkbox"/> NO				
F - FLOOD ZONE	<input type="checkbox"/> YES <input type="checkbox"/> NO				
G - WATER SUPPLY	<input type="checkbox"/> YES <input type="checkbox"/> NO				
H - SEPTIC SYSTEM	<input type="checkbox"/> YES <input type="checkbox"/> NO				
I - VARIANCE GRANTED	<input type="checkbox"/> YES <input type="checkbox"/> NO				
J - OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**VII. VALIDATION - FOR DEPARTMENT USE ONLY—ZONING COMPLIANCE EXPIRES 1 YEAR FROM APPROVAL**

Use group \_\_\_\_\_ Base fee \_\_\_\_\_

Type of construction \_\_\_\_\_

Square feet \_\_\_\_\_

APPROVAL SIGNATURE _____	Drawing to scale, including all dimensions and structures, must be attached.
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TITLE _____	DATE _____
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# COLUMBIA TOWNSHIP

## PERMIT APPLICATION CHECKLIST

Permit Application for: \_\_\_\_\_  
(Job Address)

Owner's name: \_\_\_\_\_

Phone numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Before a permit may be issued, all the following documentation must be submitted.

- \_\_\_ 1) SITE PLAN or LOT DIAGRAM (Required for ALL building applications.)
- \_\_\_ 2) PROOF OF OWNERSHIP (Provide copies of tax statement, assessment notice or deed.)
- \_\_\_ 3) PROPERTY TAX I.D. NUMBER. (80-06- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_)
- \_\_\_ 4) BLUE PRINTS are required for the Building Inspector (required at his office) and a copy For the Assessor (leave at township office).
- \_\_\_ 5) HEALTH DEPARTMENT PERMIT (septic system)
- \_\_\_ 6) DRIVEWAY / SIDEWALK PERMIT (county road commission).
- \_\_\_ 7) SOIL EROSION PERMIT ( If structure is within 500 feet of a lake, river or county drain.)
- \_\_\_ 8) MOBILE HOME ( If pre-owned Mobile Home or Double wide or Modular, it must be Inspected before entering the Township also the age of the Unit. (age: \_\_\_\_\_).
- \_\_\_ 10) OTHER PERMITS EVENTUALLY NECESSARY:

Electrical  
Plumbing  
Mechanical  
Variance  
Special Use Permit

It is the legal responsibility of the applicant to call for all required inspections before any electrical, mechanical, plumbing or structural work is concealed or covered.